



INJURY REPORT FORM

All sections of the form must be complete (front and back) and submitted to Basketball ACT within 7 days of the injury.

Section 1 – Personal Details (To be completed by injured player or on their behalf)

Player Surname _____ Given Name _____

Date of Birth _____ Male Female

What club/team are you registered with? _____ Division played _____

Section 2 – Contact Information (This will be used to contact the injured player if necessary)

Mobile Phone _____

Email _____

Section 3 – Details of Incident (All questions must be answered)

On what date did it occur? _____ Game Training

If in a game, what time was the game? _____

What Team were you playing for? _____

If at training, was this an official training session? Yes No

Where was the training being held? _____ What time was the training? _____

Which team were you training with? _____ Who was the coach? _____

Please provide brief details of the Injury (for example, "Injured my ankle when attempting a rebound").

What, if any, first aid was given? Ice Bandaging Other, please specify _____

Was an Ambulance Called? Yes No Did they transport the player? Yes No

Name of Reporting Person if not player? _____

Signature of person completing this form _____ Date _____

Section 4 – Certification

I certify that the incident described above occurred as specified.

If incident occurred during a game, name of MSO _____

If incident occurred at training, name of coach _____

Signature _____ Date _____



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The following information must be completed as it may be used by the Insurance Company to assist in determining liability, if a claim is submitted for expenses.

Part Of Body Injured:

- | | | | |
|--|---|---------------------------------------|--|
| <input type="checkbox"/> Arms & Wrists | <input type="checkbox"/> Hands & Fingers | <input type="checkbox"/> Head & Neck | <input type="checkbox"/> Eyes & Features |
| <input type="checkbox"/> Feet & Toes | <input type="checkbox"/> Other – Specify: _____ | <input type="checkbox"/> Back & Trunk | <input type="checkbox"/> Leg & Ankle |

Nature Of Injury: (To the best of your knowledge)

- | | | | |
|---------------------------------------|---|---|--------------------------------------|
| <input type="checkbox"/> Sprain | <input type="checkbox"/> Concussion | <input type="checkbox"/> Bruising | <input type="checkbox"/> Dislocation |
| <input type="checkbox"/> Burns/Scalds | <input type="checkbox"/> Laceration (cut) | <input type="checkbox"/> Other – Specify: _____ | <input type="checkbox"/> Superficial |

Location Of Incident:

- | | | |
|---|--|---|
| <input type="checkbox"/> Basketball Court | <input type="checkbox"/> Car Park | <input type="checkbox"/> Entrance/Exit |
| <input type="checkbox"/> Toilets Canteen | <input type="checkbox"/> Toilets Court 2 | <input type="checkbox"/> Toilets Court 4 |
| <input type="checkbox"/> MSO Office | <input type="checkbox"/> Admin office | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Stairs | <input type="checkbox"/> Other – Specify: _____ |

Basketball ACT Use Only		
	Date	By
V Insurance Claim Received		
Form signed and returned		